



# HEALTH SAVINGS ACCOUNT (HSA) ENROLLMENT / CONTRIBUTIONS FORM

## Step 1: Employee Information

\*Required Fields

_____ *Employee Name (First, MI, Last)	_____ CITY OF HELENA *Employer Name	
_____ *Birth Date (MM/DD/YYYY)	_____ *Social Security Number	
_____ *Day Telephone	_____ Email Address	
_____ *Permanent Address		
_____ *City	_____ *State	_____ *Zip Code

## Step 2: Contribution Information

Annual HSA contributions cannot exceed the statutory IRS contributions maximums. Individuals age 55 or older during the calendar year may make additional "catch-up" contributions. For more information, see the free IRS Publication 969, Health Savings Accounts and Other Tax-Favored Health Plans (available at [www.irs.gov](http://www.irs.gov)) or consult your tax advisor.

	*Per Pay Period	*Per Year
Employee Contributions:	\$ _____	\$ _____
Employer Contributions:	\$ _____	\$ _____
Total Contributions:	\$ _____	\$ _____
*Effective Date:	_____	

**2017 Calendar Year  
Maximum Contributions:**  
  
**Single \$3,400  
Family \$6,750**

## Step 3: Authorization

I authorize the City of Helena to deduct the elected amount from my pay check as indicated above. I certify that I am authorized to execute this transaction and that all information that I have provided is true and correct. I have read and understand the instructions and any rules or conditions relating to and have met the requirements for making this transaction. I assume full responsibility for this transaction and will not hold Optum liable for any adverse consequences that may result. I have not received tax or legal advice from Optum and, if necessary, will seek the advice of a tax or legal professional to ensure my compliance with related laws.

_____ *Employee Signature	_____ *Date
_____ Employer Signature	_____ Date